Committee Name:

### BUSINESSMEN FOR A BUSINESSMAN PRESIDENT

If registered, FEC ID:

Application Enclosed

Today's Date:

September 4, 2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

ieme du Pont

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

reasurer's Name:

John Pierre duPont

, Treasurer

# 2015:09:11:08:00022082

FEC FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER
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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BUSINESSMEN FOR	R A BUSINESŞMAN PR	ĘSĮDĘNŢ , , , , , ,		
	<del></del>	: <del> - - - - - - - - - - - - - - - - - - -</del>		
ADDRESS (number and street)	8255 LAS VEGAS E	BLVE \$ \$UITE 1621		
(Check if address is changed)		<del></del>		
	LAS VEGAS		NV 891 STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ss			
(Check if address is changed)	trump2016campaig	n@gmail.com	<del></del>	
	Optional Second E-Mail Ad	ddress	·	
			<u> </u>	
COMMITTEE MED DAGE AD	DDEGG (UDL)			
COMMITTEE'S WEB PAGE ADI				
is changed)	IN PREPARATION	<u>V </u>		
			<del></del>	
2. DATE 0 9 0	4 2 0 1 5			
3. FEC IDENTIFICATION NU	JMBER ▶ [C]			·
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the bes	at of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasure	JOHN PIERRE dul	PONT		
Signature of Treasurer	Jel Prein	e du Pont	Date 09	0 4 2 0 1 5
NOTE: Submission of false, errone		n may subject the person signing TION SHOULD BE REPORTED	•	enalties of 52 U.S.C. §30109
Office Use Only		For further Information c Federal Election Commissi Toll Free 800-424-9530	ion F	FEC FORM 1 (Revised 06/2012)

FEC Fo	orm 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE						
Candidate	e Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate				
Name of Candidate						
Candidate Party Affiliat	office Sought: House Senate President	State District				
(c)						
Name of Candidate						
Party Co						
(d)		emocratic, publican, etc.) Party.				
Political A	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a				
	Corporation Corporation w/o Capital Stock	abor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
Committees Participating in Joint Fundraiser						
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.	FEC ID number					

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٧	rite or Type Committee Name	•			
	BUSINESSMEN	FOR A BUSNESSMAN PRESIDENT			
6.		Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor			
L	NONE				
L		<u> </u>			
	Mailing Address				
		CITY STATE ZIP CODE			
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Full Name JOHN PIERRE duPONT				
	Mailing Address 8255 LAS VEGAS BLVD S SUITE 1621				
		LAS VEGAS,   NV   89123   -			
	Title or Position	CITY STATE ZIP CODE			
	TREASURER, , ,	Telephone number 949 - 929, - 5802			
8. ·	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).			
	Full Name of Treasurer	N PIERRE duPONT			
	Mailing Address 8255 LAS VEGAS BLVD S SUITE 1621				
		LAS VEGAS			
	Title or Position	CITY STATE ZIP CODE			
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CITY

STATE

ZIP CODE

Mailing Address

FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

# MALL \*

DATE OF DELIVERY SPECIFIED\*

USPS TRACKINGTH INCLUDED\*

INSURANCE INCLUDED

PICKUP AVAILABLE

\* Domestic only

USED INTERNATIONALLY, USTOMS DECLARATION EL MAY BE REQUIRED.

FROM:



ELSS LAS VECAS BUNS FROM: J. P. dufolor 50172 621

FEDERAL ELECTION COMMISSION 999 C STREET N.W. WASHIRTON, DC

FOR DOMESTIC AND INTERNATIONAL USE FORM

Label 228, July 2013

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Date of Receipt or Postmarked Other (Specify): PREPARER / DATE PREPARED (3/2015)